



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

VICTORIA SLOAN PHD
7447 HARWIN SUITE 215A
HOUSTON TX 77036

Respondent Name

Houston ISD

Carrier's Austin Representative Box

Box Number 21

MFDR Tracking Number

M4-12-0503-01

MFDR Date Received

October 17, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I assure you of my complete surprise in response to Forte's denial of these claims, as well as the sudden requirement for preauthorization. Further-more, as a private practitioner for nearly thirty years, I have always obtained preauthorization for treatment services, prior to rendering treatment, if informed of a carrier's policy to do so. "

Amount in Dispute: \$7,650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Forte was asked for preauthorization for a total of 64 individual psychotherapy sessions, 8 sessions were authorized on May 25, 2010. No other sessions were preauthorized. Respondent maintains its denial of the bills received at issue were properly audited and denied as the services were not preauthorized. In addition, the provider lists about 20 dates of service in Part V of the DWC-60 as outstanding, for which no EOBs can be provided because no bills or supporting documentation have been received on those dates of service."

Response Submitted by: Thornton, Biechlin, Segrato, Reynolds & Guerra, L.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 9, 2010 through September 20, 2011	Outpatient Individual Psychotherapy	\$7,650.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.600 sets out the guidelines for prospective and concurrent review of health care.
- 28 Texas Administrative Code §133.20 sets out requirements for medical bill submission by health care providers.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 197 – PAYMENT DENIED/REDUCE FOR ABSENCE OF PRECERTIFICATION/PREAUTHORIZATION
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED.

Issues

- Did the requestor provide documentation to support compliance with Division guidelines?

2. Were all disputed services reviewed by the carrier?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.600(p)(7) states in pertinent part, “all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program”. Review of submitted documentation finds nothing to support the dates of service in dispute met the exemption as a return-to-work rehabilitation program. Therefore, these services will be reviewed per applicable rules and fee guidelines.
2. The submitted DWC60 lists the following dates of service as;

Date of Service	Code	Amount	Date of Explanation of Benefits
11-9-10	90808	\$300.00	Denied lack of precertification 5/25/2011
11-16-10	90808	\$300.00	Denied lack of precertification 5/25/2011
11-30-10	90808	\$300.00	Denied lack of precertification 5/25/2011
12-7-10	90808	\$300.00	Denied lack of precertification 5/25/2011
12-14-10	90808	\$300.00	Denied lack of precertification 5/25/2011
12-21-10	90806	\$150.00	Denied lack of precertification 5/25/2011
12-28-10	90808	\$300.00	Denied lack of precertification 5/25/2011
1-4-11	90808	\$300.00	Denied lack of precertification 5/25/2011
1-11-11	90808	\$300.00	Denied lack of precertification 5/25/2011
1-18-11	90806	\$150.00	Denied lack of precertification 5/25/2011
1-25-11	90808	\$300.00	Denied lack of precertification 5/25/2011
2-10-11	90806	\$150.00	Denied lack of precertification 5/25/2011
2-22-11	90806	\$150.00	Denied lack of precertification 5/25/2011
3-1-11	90806	\$150.00	Denied lack of precertification 5/25/2011
3-8-11	90806	\$150.00	Denied lack of precertification 5/25/2011
3-15-2011	90806	\$150.00	Denied lack of precertification 5/25/2011
3-22-2011	90806	\$150.00	Denied lack of precertification 5/25/2011
3-29-2011	90808	\$300.00	Denied lack of precertification 5/25/2011
4-12-2011	90808	\$300.00	Not eligible for review
4-19-2011	90806	\$150.00	Not eligible for review
4-26-2011	90806	\$150.00	Not eligible for review
5-3-2011	90806	\$150.00	Not eligible for review
5-17-2011	90806	\$150.00	Not eligible for review
5-24-2011	90806	\$150.00	Not eligible for review
6-14-2011	90806	\$150.00	Not eligible for review
6-23-2011	90806	\$150.00	Not eligible for review
6-28-2011	90808	\$300.00	Not eligible for review
6-30-2011	90806	\$150.00	Not eligible for review
7-5-2011	90806	\$150.00	Not eligible for review
7-12-2011	90806	\$150.00	Not eligible for review
7-26-2011	90806	\$150.00	Not eligible for review
8-9-2011	90806	\$150.00	Not eligible for review
8-25-2011	90806	\$150.00	Not eligible for review
8-30-2011	90806	\$150.00	Not eligible for review
9-6-2011	90806	\$150.00	Not eligible for review
9-13-2011	90806	\$150.00	Not eligible for review
9-20-2011	90806	\$150.00	Not eligible for review

28 Administrative Code §133.20(b) states in pertinent part, “Except as provided in Labor Code §408.0272(b), (c) or (d) a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided...” Review of the submitted documentation found nothing to support the disputed services marked as

"not eligible for review" were submitted in a timely manner to the Workers' Compensation Insurance Carrier. Therefore, these services will not be included in this review.

- 3. The requestor was found to have no supporting documentation to support an exemption from the prior authorization requirement nor was supporting documentation found to support disputed services listed on DWC 60 had been submitted to the carrier in time limit set by Rule §133.20. Therefore no additional reimbursement can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 13, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.